

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Los Angeles County
Board of Supervisors

February 09, 2010

12 FEBRUARY 9, 2010

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012


SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

John F. Schunhoff, Ph.D.
Interim Director

Robert G. Splawn, M.D.
Interim Chief Medical Officer

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL DISTRICTS) (3 VOTES)

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
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SUBJECT

www.dhs.lacounty.gov

*To improve health
through leadership,
service and education.*

To request Board approval for the Interim Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director, or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, of the following individual accounts:

Patients who received medical care at County facilities:

- (1) Account Number LAC+USC – Various \$ 3,215
- (2) Account Number Harbor – Various \$ 4,000
- (3) Account Number LAC+USC – Various \$ 4,600
- (4) Account Number LAC+USC – 6694380 \$ 4,875
- (5) Account Number MLK/D – Various \$ 4,904
- (6) Account Number LAC+USC – Various \$ 5,000
- (7) Account Number LAC+USC – Various \$ 5,000



- (8) Account Number LAC+USC – Various \$ 5,000
- (9) Account Number LAC+USC – 6500471 \$ 5,353
- (10) Account Number LAC+USC – 6240045 \$ 5,486
- (11) Account Number LAC+USC – Various \$10,627
- (12) Account Number LAC+USC – 6500498 \$16,666
- (13) Account Number LAC+USC – Various \$42,000

Trauma patients who received medical care at non-County facilities:

- (14) Account Number EMS – 506 \$19,964

Total All Accounts: \$136,690

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (13) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases.

Trauma patients who received medical care at non-County facilities: The compromise offer of settlement for patient account (14) is recommended because the County has agreements with certain non-County medical facilities under which it pays for trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such trauma care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately \$136,690.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, your Board approved a revised ordinance granting the Director authority to

reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by your Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Fund.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John F. Schunhoff", with a stylized, cursive script.

JOHN F. SCHUNHOFF, Ph.D.

Interim Director

JFS:lg

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$42,092	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$42,092	Date of Service	Various
Compromise Amount Offered	\$3,215.37	% Of Charges	8 %
Amount to be Written Off	\$38,876.63	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was in an accident involving a firearm. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$42,092 for medical services rendered. The patient has approved ATP with no liability. The patient's third party liability (TPL) claim settled for \$55,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$16,000	\$16,000	29 %
Lawyer's Cost	\$4,825.14	\$4,825.14	9 %
LAC+USC Medical Center *	\$42,092	\$3,215.37	6 %
Other Lien Holders *	\$172,648.82	\$18,137.91	33 %
Patient		\$12,821.58	23 %
Total		\$55,000	100 %

* Lien holders are receiving 39 % of the settlement (6 % to LAC+USC Medical Center and 33 % to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$29,209	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$29,209	Date of Service	Various
Compromise Amount Offered	\$4,000	% Of Charges	14 %
Amount to be Written Off	\$25,209	Facility	H/UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$29,209 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$595	\$595	4 %
H/UCLA Medical Center *	\$29,209	\$4,000	27 %
Other Lien Holders *	\$2,727	\$1,189	8 %
Patient		\$4,216	28 %
Total		\$15,000	100 %

* Lien holders are receiving 35 % of the settlement (27 % to H/UCLA Medical Center and 8 % to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$31,060	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$31,060	Date of Service	Various
Compromise Amount Offered	\$4,600	% Of Charges	15 %
Amount to be Written Off	\$26,460	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$31,060 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$20,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$8,000	\$5,000	25 %
Lawyer's Cost	\$2,880.35	\$2,880.35	14 %
LAC+USC Medical Center *	\$31,060	\$4,600	23 %
Other Lien Holders *	\$8,443	\$2,000	10 %
Patient		\$5,519.65	28 %
Total		\$20,000	100 %

* The attorney agreed to reduce his fees from \$8,000 (40%) to \$5,000 (25%). Lien holders are receiving 33% of the settlement (23% to LAC+USC Medical Center and 10% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$36,492	Account Number	6694380
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$36,492	Date of Service	11/25/07-12/1/07
Compromise Amount Offered	\$4,875	% Of Charges	13 %
Amount to be Written Off	\$31,617	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$36,492 for medical services rendered. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$250	\$250	2 %
LAC+USC Medical Center *	\$36,492	\$4,875	32 %
Other Lien Holders *	\$5,280	\$2,637	18 %
Patient		\$2,238	15 %
Total		\$15,000	100 %

* Lien holders are receiving 50% of the settlement (32% to LAC+USC Medical Center and 18% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$45,308	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$45,308	Date of Service	Various
Compromise Amount Offered	\$4,904.20	% Of Charges	11 %
Amount to be Written Off	\$40,403.80	Facility	MLK/D Medical Center

JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at MLK/D Medical Center and incurred total inpatient and outpatient gross charges of \$45,308 for medical services rendered. The patient has approved ATP with no liability. The patient's third party liability (TPL) claim settled for \$23,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$9,200	\$4,600	20 %
Lawyer's Cost	\$8,591.55	\$8,591.55	37 %
MLK/D Medical Center *	\$45,308	\$4,904.20	22 %
Other Lien Holders *	\$11,177.31	\$2,348	10 %
Patient		\$2,556.25	11 %
Total		\$23,000	100 %

* This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The attorney agreed to reduce his fees from \$9,200 (40%) to \$4,600 (20%) plus cost since significant costs were incurred during preparations for trial. Lien holders are receiving 32% of the settlement (22% to MLK/D Medical Center and 10% to others) with the patient receiving the remaining 11% of the settlement.

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to MLK/D Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$31,096	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$31,096	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	16 %
Amount to be Written Off	\$26,096	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$31,096 for medical services rendered. Patient has no assets and has approved ORSA with no liability. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$240.88	\$240.88	2 %
LAC+USC Medical Center	\$31,096	\$5,000	33 %
Other Lien Holders			
Patient		\$4,759.12	32 %
Total		\$15,000	100 %

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$118,212	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$118,212	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	4 %
Amount to be Written Off	\$113,212	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$118,212 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33.33 %
Lawyer's Cost			
LAC+USC Medical Center	\$118,012	\$5,000	33.34 %
Other Lien Holders			
Patient		\$5,000	33.33 %
Total		\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$188,442	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$188,442	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	3 %
Amount to be Written Off	\$183,442	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$188,442 for medical services rendered. The patient has applied but has not been approved for Medi-Cal. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$4,600	\$4,600	31 %
Lawyer's Cost	\$600	\$600	4 %
LAC+USC Medical Center	\$188,442	\$5,000	33 %
Other Lien Holders			
Patient		\$4,800	32 %
Total		\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$36,429	Account Number	6500471
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$36,429	Date of Service	10/7/07-10/13/07
Compromise Amount Offered	\$5,352.67	% Of Charges	15 %
Amount to be Written Off	\$31,076.33	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$36,429 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$16,554.66 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$4,138.67	\$4,138.67	25 %
Lawyer's Cost	\$140.60	\$140.60	1 %
LAC+USC Medical Center *	\$36,429	\$5,352.67	32 %
Other Lien Holders *	\$994.56	\$994.56	6 %
Patient		\$5,928.16	36 %
Total		\$16,554.66	100 %

* Lien holders are receiving 38 % of the settlement (32 % to LAC+USC Medical Center and 6 % to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$36,492	Account Number	6240045
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$36,492	Date of Service	8/8/07-8/14/07
Compromise Amount Offered	\$5,486.25	% Of Charges	15 %
Amount to be Written Off	\$31,005.75	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$36,492 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$16,666.66 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,555.55	\$5,555.55	33 %
Lawyer's Cost	\$207.90	\$207.90	1 %
LAC+USC Medical Center	\$36,492	\$5,486.25	33 %
Other Lien Holders			
Patient		\$5,416.96	33 %
Total		\$16,666.66	100 %

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$69,902	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$69,902	Date of Service	Various
Compromise Amount Offered	\$10,626.88	% Of Charges	15 %
Amount to be Written Off	\$59,275.12	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$69,902 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$32,202.67 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$8,050.67	\$8,050.67	25 %
Lawyer's Cost	\$250	\$250	1 %
LAC+USC Medical Center *	\$69,902	\$10,626.88	33 %
Other Lien Holders *	\$794	\$794	2 %
Patient		\$12,481.12	39 %
Total		\$32,202.67	100 %

* Lien holders are receiving 35 % of the settlement (33 % to LAC+USC Medical Center and 2 % to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$130,858	Account Number	6500498
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$130,858	Date of Service	10/7/07-10/21/07
Compromise Amount Offered	\$16,666	% Of Charges	13 %
Amount to be Written Off	\$114,192	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$130,858 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$50,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$10,108.74	\$10,108.74	20 %
Lawyer's Cost	\$108.74	\$108.74	1 %
LAC+USC Medical Center	\$130,858	\$16,666	33 %
Other Lien Holders			
Patient		\$23,116.52	46 %
Total		\$50,000	100 %

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13
DATE: FEBRUARY 9, 2010

Total Gross Charges	\$300,352	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$300,352	Date of Service	Various
Compromise Amount Offered	\$42,000	% Of Charges	14 %
Amount to be Written Off	\$258,352	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$300,352 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$137,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$45,666	\$45,666	33 %
Lawyer's Cost	\$1,752	\$1,752	1 %
LAC+USC Medical Center	\$300,352	\$42,000	31 %
Other Lien Holders	\$45,376	\$6,796.71	5 %
Patient		\$40,785.29	30 %
Total		\$137,000	100 %

* Lien holders are receiving 36 % of the settlement (31 % to LAC+USC Medical Center and 5 % to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 14
DATE: FEBRUARY 9, 2010

Total Charges (Providers)	\$52,027	Account Number	EMS 506
Amount Paid to Providers	\$19,964	Service Type / Date of Service	Inpatient & Outpatient 9/21/07-9/24/07
Compromise Amount Offered	\$19,964	% of Payment Recovered	100%

JUSTIFICATION

This patient was involved in an automobile accident. As a result of the incident, the patient was treated at Holy Cross Medical Center and incurred total inpatient, outpatient & physician charges of \$52,027 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$19,964. The patient's third-party claim has been settled for \$250,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement (\$250,000)
Attorney fees	\$100,000	\$100,000	40%
Attorney cost	\$2,657	\$2,657	1%
Los Angeles County *	\$52,027	<u>\$19,964</u>	<u>8%</u>
Patient		\$127,379	51%
Total		\$250,000	100%

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

* Proposed settlement reimburses the Trauma Fund 100% (\$19,964) of amount paid to Holy Cross Medical Center.